

OCT 27 2005  
PTO/SB/21 (09-04)

*[Signature]*

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

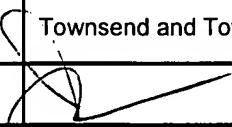
Total Number of Pages in This Submission

Application Number	10/660,465
Filing Date	September 10, 2003
First Named Inventor	WENZ, ROBERT
Art Unit	3761
Examiner Name	DAVID L SORKIN
Total Number of Pages in This Submission	019433-000320US

### ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Postcard
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> PTO/SB/08A & PTO/SB/08B
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> 1 copy of PCT International Search Report
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> 2 References
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.	

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	James M. Heslin		
Date	October 25, 2005	Reg. No.	29,541

### CERTIFICATE OF TRANSMISSION/MAILING

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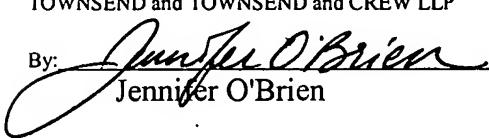
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Typed or printed name	Jennifer O'Brien	Date
		October 25, 2005

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On 10-25-2005

TOWNSEND and TOWNSEND and CREW LLP

By: 

Jennifer O'Brien

**PATENT**  
Attorney Docket No.: 019433-000320US



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

DR. ROBERT WENZ et al.

Application No.: 10/660,465

Filed: September 10, 2003

For: APPARATUS AND METHODS  
FOR MIXING TWO COMPONENTS

Examiner: DAVID L SORKIN

Art Unit: 3761

SUPPLEMENTAL INFORMATION  
DISCLOSURE STATEMENT UNDER 37  
CFR §1.97 and §1.98

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08A and PTO/SB/08B are being called to the attention of the Examiner. Copies of the references [in compliance with the requirements of 1287 OG 163] are enclosed.

Also enclosed is a copy of the Search/Examination report corresponding to the related PCT application.

It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

10/28/2005 ZJUHAR1 00000019 201430 10660465

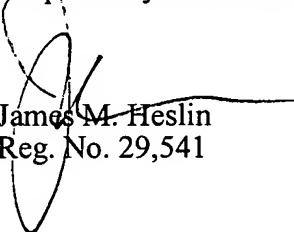
01 FC:1806 180.00 DA

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

This IDS is being filed before the mailing date of the final Office Action or Notice of Allowance.

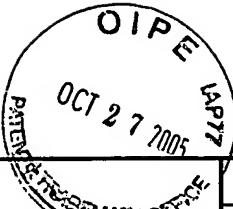
Please charge the IDS fee of \$180 to Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,

  
James M. Heslin  
Reg. No. 29,541

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Substitute for form 1449A&B/PTO <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> <i>(use as many sheets as necessary)</i>				<b>Complete if Known</b>	
Sheet	1	of	1	Application Number	10/660,465
				Filing Date	September 10, 2003
				First Named Inventor	WENZ, ROBERT
				Art Unit	3761
				Examiner Name	DAVID L SORKIN
				Attorney Docket Number	019433-000320US

<b>U.S. PATENT DOCUMENTS+</b>					
Examiner Initials*	Cite No. <sup>1</sup>	Document Number		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document
		Number	Kind Code <sup>2</sup> (if known)		
	1	3,144,966		08-18-1964	Cook
	2	3,437,242		04-08-1969	Poitras
	3	4,826,047		05-02-1989	Heflin
	4	5,429,603		07-04-1995	Morris

<b>FOREIGN PATENT DOCUMENTS</b>					
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document
		Country Code <sup>3</sup>	Number <sup>4</sup> Kind Code <sup>5</sup> (if known)		
	5	DE	34 39 975 A	06-20-1985	Upat Max Langensiepen KG
	6	EP	0 188 981 A	07-30-1986	Bosson et al.

<b>NON PATENT LITERATURE DOCUMENTS</b>					
Examiner Initials *	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.			T <sup>2</sup>

Examiner Signature	Date Considered
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<sup>1</sup>EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>2</sup>Applicant's unique citation designation number (optional). <sup>3</sup>Applicant is to place a check mark here if English language Translation is attached.